

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE 2008 OCT 20 AM 10:24

COMMITTEE NAME (Must be same as on Statement of Organization)

Lappe for Sheriff

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Donald W. Lappe

Political Party (if applicable)
Democratic

Office Sought

Cass County Sheriff

District (if Senate or House)

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Catherine Booth
SIGNATURE OF PERSON FILING REPORT

712.343.5630
TELEPHONE

16 October 08
DATE SIGNED

I AM FILING A October 19, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 586.29

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,443.00

Schedule F: Loans Received total (Attach Schedule F)

500.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 2,529.29

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,992.90

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 536.39

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 81.46

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 2,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Lappe for Sheriff

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/23/08	ID# CK# 2132	Don/Lois Sonntag 58979 Marne Road, Atlantic, Iowa 50022	N.A.	\$100.00	<input type="checkbox"/>
08/02/08	ID# CK# 711	William/Donna Kennedy 1208 E. Main Street, Anita, Iowa 50020	N.A.	25.00	<input type="checkbox"/>
08/04/08	ID# CK# 9068	Phillip/Janet Hascall PO Box 206, Atlantic, Iowa 50022	N.A.	75.00	<input type="checkbox"/>
08/12/08	ID# CK# Cash	Doris Newell 50726 770th Street, Anita, Iowa 50020	N.A.	20.00	<input type="checkbox"/>
08/12/08	ID# CK# 5342	Arthur/Willadean Duff 285 N. Conestoga Road, Anita, Iowa 50020	N.A.	20.00	<input type="checkbox"/>
08/10/08	ID# CK# 2873	L.L./P.G. Rutherford 1306 Elm, Atlantic, Iowa 50022	N.A.	25.00	<input type="checkbox"/>
08/10/08	ID# CK# 8593	Cheryl Wessels 311 Chestnut, Anita, Iowa 50020	N.A.	50.00	<input type="checkbox"/>
08/11/08	ID# CK# 8100	Raymond/Rosemary Zellmer 401 Pioneer Ave., Wiota, Iowa 50274	N.A.	50.00	<input type="checkbox"/>
08/14/08	ID# CK# 1733	Kendal Warne 201 Chestnut, Atlantic, Iowa 50022	N.A.	30.00	<input type="checkbox"/>
08/14/08	ID# CK# 1072	Marilyn Cooley 704 3rd Street, Anita, Iowa 50020	N.A.	50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 445.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Lappe for Sheriff

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08/18/08	ID# CK# 7116	Wilma Hayes Henderson 1100 Brookridge Circle, Apt. 4D, Atlantic, Ia. 50022	N.A.	\$1.00	<input type="checkbox"/>
08/19/08	ID# CK# 3486	Clarence/Elizabeth Bartels 709 E. 17th Street, Atlantic, Iowa 50022	N.A.	20.00	<input type="checkbox"/>
08/21/08	ID# CK# 3565	Dennis Rosener 2102 Redwood Drive, Atlantic, Iowa 50022	N.A.	25.00	<input type="checkbox"/>
08/22/08	ID# CK# 3536	Mark T. O'Brien PO Box 32, Atlantic, Iowa 50022	N.A.	300.00	<input type="checkbox"/>
08/26/08	ID# CK# 9796	Richard/Nedra Perry 1105 Roosevelt Drive, Atlantic, Iowa 50022	N.A.	25.00	<input type="checkbox"/>
09/10/08	ID# CK# 3243	Lyle/Helen Pigg 602 E. 8th Street, Atlantic, Iowa 50022	N.A.	25.00	<input type="checkbox"/>
09/02/08	ID# CK# 8596	Gene/Kathleen Eyeberg 1407 Roosevelt Drive, Atlantic, Iowa 50022	N.A.	10.00	<input type="checkbox"/>
09/10/08	ID# CK# Cash	Burdette Parrott 403 Linn, Atlantic, Iowa 50022	N.A.	20.00	<input type="checkbox"/>
09/10/08	ID# CK# Cash	Bill Auerbach 708 Olive, Atlantic, Iowa 50022	N.A.	20.00	<input type="checkbox"/>
09/10/08	ID# CK# Cash	Ron Swope 1312 Birch, Atlantic, Iowa 50022	N.A.	20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 466	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Lappe for Sheriff

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/12/08	ID# CK# 7591	Sherry Toelle 103 E. 13th Street, Atlantic, Iowa 50022	N.A.	\$150.00	<input type="checkbox"/>
09/09/08	ID# CK# 6822	Kent/Brenda Euken 70531 Memphis Road, Wiota, Iowa 50274	N.A.	25.00	<input type="checkbox"/>
10/05/08	ID# CK# 1291	Russell J. Lett 102 Roosevelt Street, Anita, Iowa 50020	N.A.	25.00	<input type="checkbox"/>
10/7/08	ID# CK# 252	Cass County Democrats 602 E. 8th Street, Atlantic, Iowa 50022	N.A.	332.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 532.00	
TOTAL (if last page of this schedule)				\$ 1443.00	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Lappe for Sheriff

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/23/08	ID# CK# 1013	Catherine Booth PO Box 422, Atlantic, Iowa 50022	Reimbursement for Envelopes	\$ 62.51
07/25/08	ID# CK# 1014	Choice Printing PO Box 305, Atlantic, Iowa 50022	Emery Boards	263.37
07/29/08	ID# CK# 1015	Choice Printing PO Box 305, Atlantic, Iowa 50022	Copying	29.08
08/06/08	ID# CK# 1016	United States Postal Service 20 E. 5th, Atlantic, Iowa 50022	Postage	210.00
08/12/08	ID# CK# 1017	J&J Custom Graphic Design 217 Walnut, Atlantic, Iowa 50022	Campaign Signs	115.56
08/18/08	ID# CK# 1018	J&J Custom Graphic Design 217 Walnut, Atlantic, Iowa 50022	Campaign Signs	96.30
09/01/08	ID# CK#	Whitney Bank 223 Chestnut, Atlantic, Iowa 50022	Service Charge/Tax	.43
10/03/08	ID# CK# 1019	Griswold American 503 Main, Griswold, Iowa 51535	Advertising	99.00
SUB-TOTAL				\$ 876.25
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Lappe for Sheriff

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/03/08	ID# CK# 1020	Anita Tribune 850 Main Street, Anita, Iowa 50020	Advertising	\$ 100.00
10/03/08	ID# CK# 1021	Atlantic News Telegraph 410 Walnut, Atlantic, Iowa 50022	Advertising	388.00
10/06/08	ID# CK#	Whitney Bank 223 Chestnut, Atlantic, Iowa 50022	Service Charge/Tax	.11
10/06/08	ID# CK# 1022	KSOM 413 Chestnut, Atlantic, Iowa 50022	Radio Advertising	300.00
10/07/08	ID# CK# 1023	KJAN N. Olive Street, Atlantic, Iowa 50022	Radio Advertising	300.00
10/08/08	ID# CK# 1024	Choice Printing PO Box 305, Atlantic, Iowa 50022	Printing Brochures	28.54
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1116.65
TOTAL (if last page of this schedule)				\$ 1992.90

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Lappe for Sheriff

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
08/27/08	Barbara Ragoss 4817 S. 131 Street, #11, Omaha, Nebraska 68137	N.A.	Purchase of 7 campaign T-shirts	\$ 81.46	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

81.46

TOTAL (if last
page of this
schedule)

\$

81.46

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

RESET**COMMITTEE NAME** (Must be same as on Statement of Organization)

Lappe for Sheriff

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAID**☐ **CHECK THIS BOX IF
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD** \$ 1500.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable*)	AMOUNT OF LOAN
10/06/08	Donald Lappe 710 W. 9th Street, Atlantic, Iowa 50022	Self	\$ 500.00

TOTAL (PART I) \$ 500**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0.00

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2000.00

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